

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90183 050 ****55.00

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01112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000040705

1. Entity Name
SEA PINES IV, L.C.



Principal Place of Business
12108 NORTH 56TH STREET
TAMPA, FL 33617

Mailing Address
12108 NORTH 56TH STREET
TAMPA, FL 33617

2. Principal Place of Business
2901 W. Busch Blvd
Suite, Apt. #, etc.
#901
City & State
TAMPA FLORIDA
Zip
33618
Country
USA

3. Mailing Address
2901 W. Busch Blvd
Suite, Apt. #, etc.
#901
City & State
TAMPA FLORIDA
Zip
33618
Country
USA

6. Name and Address of Current Registered Agent
BEKIEMPIS, VINCENT
12108 NORTH 56TH STREET
TAMPA, FL 33617

7. Name and Address of New Registered Agent
Name
Bekiempis, Vincent
Street Address (P.O. Box Number is Not Acceptable)
2901 W. Busch Blvd #901
City
TAMPA
FL
Zip Code
33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vincent Bekiempis* DATE 1/20/05
(NOTE: Registered Agent signature required when renesting)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Vincent Bekiempis* DATE 3/18/05 (813) 915-9727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE